

Iowa Mental Health and Disability Services Commission

September 17, 2020

**Commissioners**

**EXECUTIVE SUMMARY**

John Parmeter

*Pertinent Information Regarding the Deliberations of the Mental Health and Disability Services Commission Relating to Medicaid Managed Care*

Russell Wood

Betsy Akin

Mental Health and Disability Services Commission Deliberations Summary:

Cory Tuner

**December 5, 2019 – MHDS Commission Meeting**

Diane Brecht

Marissa Eyanson, Iowa Medicaid Enterprise, discussed concerns regarding Iowa Total Care (ITC) claims, new case management rules and rate setting.

Janee Harvey

Lorrie Young

**January 16, 2020 – MHDS Commission Meeting**

Maria Sorensen

Theresa Armstrong, Bureau Chief Mental Health and Disability Services Community Services, discussed Medicaid looking at habilitation program including detailed assessments and tiered rates.

Richard Whitaker

Shari O'Bannon

**April 16, 2020 – MHDS Commission Meeting**

Teresa Daubitz

Theresa Armstrong shared that Medicaid has applied for and been granted several waivers from CMS to support individual's access to services due to the pandemic.

Timothy Perkins

**September 17, 2020 – MHDS Commission Meeting**

**Ex-Officio**

The Commission discussed its executive summary to the Department and the members' thoughts on Medicaid Managed Care over the previous year. During the course of their deliberations, the Commission has heard of a number of concerns from stakeholders that remain similar to the concerns reported in 2019. The Commission is frustrated that we have not seen significant progress in the following areas and urges the Department of Human Services (Department) and MCOs continued efforts to address the following:

**Commissioners**

Sen. Jeff Edler

Rep. Joel Fry

Sen. Pam Jochum

Rep. Scott Ourth

- Delayed and partial payments to providers
- Delayed authorization for long term supports and services
- Delayed credentialing of service providers
- Reduced lengths of stay in residential treatment have been resulting in an increased level of recidivism
- Confusion over administrative requirements for Integrated Health Homes

- Confusion over use of peer support and recovery peer support services
- Increased administrative burdens and costs for providers particularly for keeping claims alive in order to receive payment
- Understaffed mental health providers and disability services workforce due to hiring on behalf of the MCO's to launch their operations
- Inconsistent communication from the MCOs and the Department and within the MCOs
- Increased oversight during times of transition is needed
- Lack of accessibility to additional 1915(b) (3) services under the Medicaid fee-for-service system
- Increased development of quality services, including evidenced based practices is needed
- Increased community capacity to serve the most vulnerable individuals is needed
- Reduced number of out of state placements
- Lack of reimbursement to providers for same day treatment
- Inadequate service rates
- Delayed eligibility updates for individuals post incarceration on Medicaid's Eligibility and Verification Information System (ELVS) line has resulted in large recoupments for providers due to receiving inaccurate eligibility information
- Lack of a valid level of care assessment that captures the needs of individuals with a brain injury
- Continued development of services for individuals with intellectual disabilities including children is needed
- Behavioral health services have a more difficult time getting reimbursement from the MCOs than physical health services
- Procedural and financial barriers to providing integrated care